



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6683

SERIAL NUMBER 10/783,215	FILING DATE 02/20/2004 RULE	CLASS 180	GROUP ART UNIT 3611	ATTORNEY DOCKET NO. 8266-1222
-----------------------------	---------------------------------------	--------------	------------------------	-------------------------------------

APPLICANTS

John David Vogel, Columbus, IN;

Thomas W. Hanson, Loveland, OH;

Craig Crandall, Greensburg, IN; Joseph A. Kummer, Cincinnati, OH;

Michael M. Frondorf, Lakeside Park, KY;

David P. Lubbers, Cincinnati, OH;

Ronald P. Kappeler, Batesville, IN;

Bradley T. Wilson, Batesville, IN;

Darrell L. Metz, Batesville, IN;

Doug K. Smith, Batesville, IN;

Jeffrey A. Ruschke, Lawrenceburg, IN;

John Vozzak, Batesville, IN;

Terry J. Stratman, Villa Hills, KY;

Eric W. Oberhaus, West Chester, OH;

** CONTINUING DATA *****

*verified**mf*

This application is a CON of 10/336,576 01/03/2003 PAT 7,014,000
 which is a CIP of 09/853,221 05/11/2001 PAT 6,749,034
 which claims benefit of 60/203,214 05/11/2000
 and said 10/336,576 01/03/2003
 claims benefit of 60/345,058 01/04/2002

** FOREIGN APPLICATIONS *****

*none**mf*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	IN	61	37	3
Examiner's Signature <i>Matthew</i>	Initials <i>mf</i>			

ADDRESS

25267

BOSE MCKINNEY & EVANS LLP

135 N PENNSYLVANIA ST

SUITE 2700
INDIANAPOLIS , IN
46204

TITLE

Motorized traction device for a patient support

<p>FILING FEE RECEIVED 1514</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit _____</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____
<input type="checkbox"/> All Fees								
<input type="checkbox"/> 1.16 Fees (Filing)								
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)								
<input type="checkbox"/> 1.18 Fees (Issue)								
<input type="checkbox"/> Other _____								
<input type="checkbox"/> Credit _____								